

Specialty Clinics Spine Intervention, Gainesville Office



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Gainesville, GA 30501
Phone: (770) 297-7277
Fax: (770) 533-7641
Contact Phone: (770) 297-7277

Name: _____

Account #: _____

Reason for Being Seen: _____

Which side is the complaint located? ___Left ___Right ___Both Left & Right

If injury is not a result of an accident, please describe problems (ex: continual pain, pulled muscle, etc.):

Date when symptoms began: _____

If injury is a result of an accident, please fill out information below:

Date of Accident: _____

Time of Accident: _____

Is the injury a result of: (please check from the choices below)

- Work Injury** **Auto Accident** **Sports Injury** **Other** **No Injury**

If this is a work related injury, has a Georgia Worker's Compensation claim been filed? ___yes ___no

Where did the accident happen:

Please describe the details of the accident:

Is there any other insurance involved?:

- YES NO

If yes, please list complete policy information:

Please be advised that our office DOES NOT file claims to auto insurance.

To the best of my knowledge, this information is accurate in regards to this accident:

Signature

Date